

In December 2008 the Lewis & Clark County Board of Health passed a resolution recognizing health and health care as basic human rights. They appointed a task force on Local Access to Universal Healthcare. The task force was charged with completing a community needs assessment, which would be followed by recommendations for solutions to identified problems.

The task force divided itself into 4 groups: 1) a data group to look at county health statistics, 2) a finance group to look at how much money was spent on health care in the county, 3) a consumer group to evaluate the experiences of health care users, and 4) a provider group to look at issues related to health care providers.

The task force was an all volunteer group without a budget or staff, so it became clear that we would have to focus efforts on critical areas.

The provider group focused on three areas: 1) primary care, 2) dental care, 3) mental health services.

PRIMARY CARE

Primary care providers (PCPs), for the purposes of our study included family practitioners and internists.

An inventory of PCPs in the county in May 2009 found 19 family practitioners in Helena and 2 in Lincoln, and 6 internists in Helena, 2 of whom practiced internal medicine part time. (This excluded the hospitalists at SPH who do not see outpatients.) At that time 13 primary care physicians had left practice in the community within the previous 12 months. Since then, one internist and one family practitioner have left, and one internist and one family practitioner have opened practices in Helena

Previous primary care losses occurred with the inauguration of a hospitalist program at St. Peters Hospital. It was staffed with internists, most of whom had been primary care providers in Helena. The hospitalist jobs were attractive because they offered a salary and predictable work hours.

Studies estimating the number of physicians needed for a given population suggest that for L&C County's population of 60,000, there should be 10-15 family practitioners and 7-17 internists.

A survey was sent to the primary care physicians in L& C County to assess the impact of recent physician departures on local health care and to understand factors affecting physician retention. We received 17 responses out of 27 questionnaires mailed for a 63% response rate. Responses were anonymous.

Regarding access to health care, a majority of respondents listed the cost of health insurance, cost of health care, insufficient numbers of PCPS and lack of some subspecialties as most severe obstacles for patients in obtaining health care. A

majority felt that the loss of primary care providers has adversely impacted access to health care in Helena. However, the majority also reported that patients had to wait less than one month for a new patient appointment in their offices. Furthermore, a majority reported that they were accepting new Medicare, Medicaid and uninsured patients.

We asked what the most stressful aspects of practice were for PCPS; the top 3 responses were time constraints impacting family life, interactions with hospital/clinic administration and interactions with patients. When asked about the most pressing problems for PCPs in practice, the top 4 responses were: uncompensated paperwork, reimbursement rates, office overhead cost and uninsured patients.

We asked what measures would have the most impact on physician retention. The top 3 responses were salaried jobs, assistance with student loan repayment and better reimbursement from Medicare and Medicaid. Of note, the majority stated they had significant student debt when they started practice in Helena, with several respondents having debt over \$100,000.

We also surveyed the nurse practitioners and physician assistants in the county. There were 27 responses out of 58 questionnaires mailed out. About half of the respondents work in primary care. An overwhelming majority felt that access to medically necessary health care in L& C County is a problem for their patients, and that this lack of access caused harm. The top 6 barriers to care mentioned were: the cost of specialty care, the cost of primary care, the cost of essential prescription drugs, lack of access to mental health services, lack of PCPs and cost of dental care.

All of the 13 physicians mentioned above who had recently left practice went to salaried jobs. Most left positions where they had an initial salary guarantee that converted to a productivity based pay from which overhead was deducted. Written comments from and phone conversations with several of the physicians who recently left practice in Helena indicated that pay issues and conflicts with management at St. Peters Hospital (SPH)/St. Peters Medical Group (SPMG) were major issues in their departures. One physician reported that he made roughly \$30,000 the year after his salary guarantee expired. Departures from Helena Physicians Clinic (HPC) were affected by turmoil within the Great Falls Clinic (GFC) and by SPH's decision not to allow HPC physicians to use the hospitalist group unless the HPC paid a large sum to SPH.

A 2008 white paper by the American College of Physicians entitled "How Is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care" discussed the shortage of primary care physicians. The authors state:

"While the demand for primary care is increasing, there has been a dramatic decline in the number of graduating medical students entering primary care. (9-11)
Factors affecting the supply of primary care physicians include excessive administrative hassles,

high patient loads, and declining revenue coupled with the increased cost of providing care. As a result, many primary care physicians are choosing to retire early. (10) These factors, along with increased medical school tuition rates, high levels of indebtedness, and excessive workloads, have dissuaded many medical students from pursuing careers in general internal medicine and family practice. (12)

From 1997 to 2005, the number of U.S. medical graduates entering family medicine residencies dropped by 50%. (12) In 2007, only 23% of third-year internal medicine residents, planned to practice general internal medicine compared to 54% in 1998. Among first-year internal medicine residents, only 14% indicated that they planned to pursue careers in general medicine. (13) Even more disheartening, a 2007 study of fourth-year medical students' career decision making revealed that only 2% of students intended to pursue careers in general internal medicine. (14) An increasing proportion of new primary care physicians are women, who tend to work fewer hours, further reducing the effective work- force. By 2025, half of all primary care physicians will be female. (6)

Approximately 21% of physicians who were board-certified in the early 1990s have left internal medicine, compared with a 5% departure rate for internal medicine subspecialists. (11)

A 2008 study predicted that the U.S. will experience a shortage of 35,000–44,000 adult primary care physicians by 2025. The study also predicted that population growth and aging will increase family physicians' and general internists' workloads by 29% between 2005 and 2025. Further, greater use of nurse practitioners and physicians assistants and increased primary care by specialists are not expected to make enough of an impact on this shortfall. (6)”

Merritt, Hawkins & Associates is a national recruiting firm which publishes an annual report entitled “Review of Physician and CRNA Recruiting Incentives”.

The 2009 report notes a new trend toward hospital employment of physicians.

“The new trend toward hospital employment of physicians is different from the 1990s, when physicians approached hospitals about employment opportunities rather than the reverse. Many physicians, specialists in particular, are seeking hospital employment to relieve them of the stress of high malpractice rates, the struggle for reimbursement, administrative duties and the general risks and hassles of private practice. Hospital employment is viewed favorably by many physicians today and, in our experience, hospitals offering employed positions may enjoy an advantage over those that do not. In addition, Stark laws pertaining to physician recruitment can create scenarios where it is more practical for hospitals to employ physicians than to assist them in establishing independent practices. Employing physicians also represents one way that hospitals can address the issue of physician/hospital competition that may arise when physicians open their own specialty hospitals or surgery centers.

Their 2009 report concludes

“Merritt Hawkins & Associates’ 2009 Review of Physician and CRNA Recruiting Incentives underscores the fact that the demand for primary care physicians continues to grow while demand for most specialists remains strong. Hospital employment of physicians also appears to be increasing as many physicians seek the security and relative simplicity of an employed position. Financial incentives offered to recruit physicians generally are up, while the use of signing bonuses has increased. The 2009 Review also indicates that physician recruitment is a national challenge, as Merritt Hawkins & Associates conducted search assignments in 47 states in 2008/09.”

We are concerned that Helena is facing a worsening crisis of health care access, particularly to internal medicine services, due to national trends of fewer internists and family practitioners, as well as from high local physician turnover due to dissatisfaction with current pay arrangements and with hospital/clinic management.

